

## CONFIDENTIAL DISEASE CASE REPORT

All diseases and conditions on the list of reportable diseases should be reported on an EPI-2430 card, or on other forms as stated. Please print out this form and forward reports by fax or mail to either the local parish health unit or to the Epidemiology Section, Department of Health & Hospitals, Office of Public Health, P.O. Box 60630, New Orleans, LA 70160, 504-568-5005. All facsimile transmissions are considered part of the confidential disease case report, and as such, are not subject to disclosure. Xerox additional copies as needed. Your support in disease reporting will enhance disease prevention.

DISEASE/CONDITION		DATE OF REPORT		DATE OF ONSET	
PATIENT'S NAME		RACE	ETHNIC**	SEX	DATE OF BIRTH
ADDRESS	STREET NO. (R.F.D. If rural)			ZIP CODE	
	CITY		PARISH		
HEAD OF HOUSEHOLD			PHONE NO.		
DAY CARE CENTER ASSOCIATED: YES ___ NO ___		DATE		SPECIMEN TYPE	
NAME OF DCC:					
LAB RESULTS					
COMMENTS:					
PHYSICIAN/HOSPITAL			PHONE NUMBER		

Wh = White, not of Hispanic origin, Bl = Black, Pac Is/Asi = Pacific islander or Asian, Am Ind/Al = American indian or Alaskan Native

\*\* Hisp/Non-Hispanic

EPI-2430